

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-670)

SERIAL NO.  
**10/019510**

FILING DATE

APPLICANT(S)

*12/2/04 8-5-05 CLAIMS*

AS FILED	AFTER		AFTER			
	RED	DEP	RED	DEP	RED	DEP
1	1		1		1	
2	1		1		1	
3	2		2		2	
4	0		0		0	
5	1		1		1	
6	1		1		1	
7	2		2		2	
8	2		2		2	
9	1		1		1	
10	1		1		1	
11	1		1		1	
12	1		1		1	
13	0		0		0	
14	0		0		0	
15	1		1		1	
16	1		1		1	
17	1		1		1	
18	0		0		0	
19	0		0		0	
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TOTAL	7	0	7	0	8	0
TOTAL RED	16	0	17	0	19	0
TOTAL DEP	73	0	74	0	77	0

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TOTAL RED						
TOTAL DEP						
TOTAL CHARGE						

\* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

Best Available Copy